

The present invention is directed to methods of preventing, inhibiting, reversing and/or ameliorating complications in those having or at risk for systemic inflammatory response syndrome, e.g., sepsis, including multiple organ dysfunction syndrome, pancreatitis, burns, trauma, and complications of sepsis such as bacteremia, pneumonia, urinary tract infections, wound infections, and drug reactions. The methods comprise administration of an effective amount of at least one of a selective inhibitor of cyclooxygenase-2, a drug which stimulates one or more PGE₂ receptors or a drug which interferes with binding of PGE₂ to one or more PGE₂ receptors.

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